

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) <div style="text-align: center; font-size: 1.2em;">09770023</div>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1				51	
2				1			52	
3				1			53	
4			1				54	
5			1				55	
6				1			56	
7				1			57	
8				1			58	
9				1			59	
10				1			60	
11			1				61	
12				1			62	
13				1			63	
14				1			64	
15				1			65	
16				1			66	
17				1			67	
18				1			68	
19				1			69	
20				1			70	
21				1			71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29			1				79	
30				1			80	
31				1			81	
32				1			82	
33				1			83	
34				1			84	
35				1			85	
36				1			86	
37				1			87	
38				1			88	
39				1			89	
40			1				90	
41				1			91	
42				1			92	
43				1			93	
44				1			94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			6				TOTAL IND.	
TOTAL DEP.			31				TOTAL DEP.	
TOTAL CLAIMS			37				TOTAL CLAIMS	